



STUART T. WILSON CPA, PC

CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Employer's Name: _____ Organization: _____

Criminal Background Check Authorization Form

Do NOT provide any services prior to authorization. You will not be paid for any time worked prior to a clear criminal background check and the completion of required trainings.

Employee Full Name: _____

Alias or Other Names Used: _____

Date of Birth: _____ Sex: _____ Race: _____

Maiden Name (if applicable): _____

Driver's License Number: _____

Social Security Number: _____

Phone Number: _____

Have you ever been convicted of a felony? Yes No

You MUST include a copy of your Driver's License or State ID with this form.

I authorize the release of my criminal background information to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Signature _____ Date _____

Results are released to the consumer/guardian or case manager.

For results contact:

Consumer/Guardian Name: _____

Case Manager: _____

Phone #: _____ Email: _____